



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
 Washington, D.C. 20231

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/481,460 | <b>FILING DATE</b><br>01/11/2000<br><b>RULE</b> - | <b>CLASS</b><br>379 | <b>GROUP ART UNIT</b><br>2742 | <b>ATTORNEY DOCKET NO.</b><br>11401/3003 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**  
 Darren J. Daugherty, Irving, TX ;  
 Dennis M. McCoy, Dallas, TX , Deceased;  
 By Carol G. McCoy, Dallas, TX , Legal Representative;  
 Monty F. Webb, Richardson, TX ;  
 Paul A. Langer, Fort Worth, TX ;  
 Kurt A. Wattleit, Flower Mound, TX ;

**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLN CLAIMS BENEFIT OF 60/115,599 01/12/1999  
*yes, pr*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE, pr*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/25/2000 -**

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>pr</i><br>Acknowledged<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>TX | <b>SHEETS DRAWING</b><br>6 | <b>TOTAL CLAIMS</b><br>28 | <b>INDEPENDENT CLAIMS</b><br>3 |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|

**ADDRESS**  
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*P.O. Box 741715*  
*Dallas TX 75374-1715*

**TITLE**  
 Primary Telephone Line Protector With Failsafe

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|-----------------------------------|--|---|
| <b>FILING FEE RECEIVED</b><br>964 | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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CONFIRMATION NO. 5667

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/481,460 | <b>FILING DATE</b><br>01/11/2000<br><b>RULE</b> | <b>CLASS</b><br>379 | <b>GROUP ART UNIT</b><br>2643 | <b>ATTORNEY DOCKET NO.</b><br>11401/3003 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Darren J. Daugherty, Irving, TX;  
Dennis M. McCoy, Dallas, TX, Deceased;  
Carol G. McCoy, Dallas, TX, Legal Representative;  
Monty F. Webb, Richardson, TX;  
Paul A. Langer, Fort Worth, TX;  
Kurt A. Wattelet, Flower Mound, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/115,599 01/12/1999  
*yes, on*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*NONE on*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/25/2000

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|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>TX | <b>SHEETS DRAWING</b><br>6 | <b>TOTAL CLAIMS</b><br>28 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                               |                            |                           |                                |

**ADDRESS**

31782

**TITLE**

Primary Telephone Line Protector With Failsafe

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>964 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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